

Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____ NOTE: Areas denoted by ** may be integrated within sequences of Primary Survey/Resuscitation

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY ASSESSMENT		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Airway -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)	2	
Breathing -Assess breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1 point) -Assess skin (either skin color, temperature or condition) (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management (positions patient properly, conserves body heat) (1 point)	4	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
HISTORY TAKING		
Attempts to obtain SAMPLE history	1	
SECONDARY ASSESSMENT		
Head -Inspects and palpates scalp and ears (1 point)** -Assesses eyes (1 point) -Inspects mouth**, nose**, and assesses facial area (1 point)	3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
Chest -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)	3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitals/perineum as needed (1 point)	3	
Lower extremities** -Inspects palpates and assesses motor, sensory, and distal circulatory functions (1 point/leg)	2	
Upper extremities -Inspects, palpates and assesses motor, sensory, and distal circulatory function (1 point/arm)	2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)	2	
VITAL SIGNS		
Obtains baseline vital signs (must include BP, P, and R) (1 point)	1	
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient	1	
Actual Time Ended: _____	TOTAL	42

CRITICAL CRITERIA

- ☐ Failure to initiate or call for transport of the patient within 10 minute time limit
- ☐ Failure to take or verbalize appropriate body substance isolation precautions
- ☐ Failure to determine scene safety before approaching patient
- ☐ Failure to assess for and provide spinal protection when indicated.
- ☐ Failure to voice and ultimately provide high concentration of oxygen
- ☐ Failure to assess/provide adequate ventilation
- ☐ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ☐ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the Scene
- ☐ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ☐ Failure to manage the patient as a competent EMT
- ☐ Exhibits unacceptable affect with patient or other personnel
- ☐ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items.

Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____

	Possible Points	Points Awarded																																				
Takes or verbalizes appropriate body substance isolation precautions	1																																					
SCENE SIZE UP																																						
Determines the scene/situation is safe	1																																					
Determines the mechanism of injury/nature of illness	1																																					
Determines the number of patients	1																																					
Requests additional EMS assistance if necessary	1																																					
Considers stabilization of the spine	1																																					
PRIMARY ASSESSMENT																																						
Verbalizes the general impression of the patient	1																																					
Determines responsiveness/level of consciousness (AVPU)	1																																					
Determines chief complaint/apparent life-threats	1																																					
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3																																					
Assesses circulation -Assesses/controls major bleeding (1 point) -Assesses skin (either skin color, temperature or condition) (1 Point) -Checks pulse (1 point)	3																																					
Identifies patient priority and makes treatment/transport decision	1																																					
HISTORY TAKING																																						
History of the present illness -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying question of associated signs and symptoms related to OPQRST (2 points)	8																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Respiratory</th> <th style="width: 25%;">Cardiac</th> <th style="width: 25%;">Altered Mental Status</th> <th style="width: 25%;">Allergic Reaction</th> </tr> </thead> <tbody> <tr> <td>*Onset</td> <td>*Onset</td> <td>*Description of the episode</td> <td>*History of allergies</td> </tr> <tr> <td>*Provokes</td> <td>*Provokes</td> <td>*Onset</td> <td>*What were you exposed to</td> </tr> <tr> <td>*Quality</td> <td>*Quality</td> <td>*Duration</td> <td>*How were you exposed</td> </tr> <tr> <td>*Radiates</td> <td>*Radiates</td> <td>*Associated symptoms</td> <td>*Effects</td> </tr> <tr> <td>*Seventy</td> <td>*Seventy</td> <td>*Evidence of trauma</td> <td>*Interventions</td> </tr> <tr> <td>*Time</td> <td>*Time</td> <td>*Interventions</td> <td>Refer to Epinephrine</td> </tr> <tr> <td>*Interventions</td> <td>*Interventions</td> <td>*Seizures</td> <td></td> </tr> <tr> <td>Refer to Nebulizer</td> <td>Refer to Nitroglycerin</td> <td>*Fever</td> <td></td> </tr> </tbody> </table>	Respiratory	Cardiac	Altered Mental Status	Allergic Reaction	*Onset	*Onset	*Description of the episode	*History of allergies	*Provokes	*Provokes	*Onset	*What were you exposed to	*Quality	*Quality	*Duration	*How were you exposed	*Radiates	*Radiates	*Associated symptoms	*Effects	*Seventy	*Seventy	*Evidence of trauma	*Interventions	*Time	*Time	*Interventions	Refer to Epinephrine	*Interventions	*Interventions	*Seizures		Refer to Nebulizer	Refer to Nitroglycerin	*Fever			
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Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5																																					
SECONDARY ASSESSMENT																																						
Assesses affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5																																					
VITAL SIGNS																																						
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4																																					
States field impression of patient	1																																					
Interventions (verbalizes proper interventions/treatment)	1																																					
REASSESSMENT																																						
Demonstrates how and when to reassess the patient to determine changes in condition	1																																					
Provides accurate verbal report to arriving EMS unit	1																																					
Actual Time Ended: _____ TOTAL	40																																					

CRITICAL CRITERIA

- ☐ Failure to initiate or call for transport of the patient within 15 minute time limit
- ☐ Failure to take or verbalize appropriate body substance isolation precautions
- ☐ Failure to determine scene safety before approaching patient
- ☐ Failure to voice and ultimately provide appropriate oxygen therapy
- ☐ Failure to assess/provide adequate ventilation
- ☐ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ☐ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the Scene
- ☐ Performs secondary examination before assessing and treating threats to airway, breathing, and circulation
- ☐ Orders a dangerous or inappropriate intervention
- ☐ Failure to provide accurate report to arriving EMS unit
- ☐ Failure to manage the patient as a competent EMT
- ☐ Exhibits unacceptable affect with patient or other personnel
- ☐ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items.



Oral Glucose Administration

Candidate:		Date:	
Evaluator:		Start Time:	End Time:
Actions		Points Possible	Points Awarded
Take BSI precautions		1	
Perform blood glucose check			
Prepare glucometer and supplies		1	
Cleanse site		1	
Lance site		1	
Apply blood to test strip		1	
Apply direct pressure to site		1	
Read results		1	
Determine appropriate indications for glucose administration			
Level of consciousness		1	
History		1	
Contact medical command if patient condition permits		1	
Confirm the expiration date on the oral glucose		1	
Check the 5 rights of drug administration			
Right patient		1	
Right drug		1	
Right dose		1	
Right route		1	
Right time		1	
Position the patient appropriately		1	
Explain the procedure to the patient		1	
Place glucose between cheek and gum		1	
Recheck the patient's blood glucose within 5 minutes of administration		1	
If no improvement with treatment, contact medical command, request ALS backup, transport and meet enroute		1	
Document the procedure		1	
Total		22	
<input checked="" type="checkbox"/>	Critical Criteria		
	Failure to take, or verbalize, BSI precautions		
	Failure to consult with Medical Command at the appropriate time		
	Missed more than 3 of the 5 rights of medication administration		
	Failure to determine patient's blood glucose prior to, or after, administration of glucose gel		



Nitroglycerin Administration

Candidate:		Date:	
Evaluator:		Start Time:	End Time:
Actions		Points Possible	Points Awarded
Take BSI precautions		1	
Consult with Medical Command		1	
Confirm the expiration date on the NTG		1	
Confirm patient has no allergies to the medication		1	
Confirm that patient's systolic BP is above required limit (100 systolic)		1	
Determine when or if the patient previously took NTG		1	
Check the 5 rights of drug administration			
Right patient		1	
Right drug		1	
Right dose		1	
Right route		1	
Right time		1	
Place the patient in a comfortable position		1	
Explain possible side effects of NTG administration		1	
Instruct patient to place tablet under tongue and allow to dissolve		1	
Recheck the patient's blood pressure within 3 minutes of administration		1	
If patient is still in pain, administer additional NTG per protocol and Medical Command direction		1	
Document the procedure		1	
Total		17	
Critical Criteria			
<input checked="" type="checkbox"/>	Failure to take, or verbalize, BSI precautions		
<input type="checkbox"/>	Failure to consult with Medical Command		
<input type="checkbox"/>	Missed more than 3 of the 5 rights of medication administration		
<input type="checkbox"/>	Failure to determine patient's blood pressure prior to, or after, administration of NTG		



Nebulized Medication Administration

Candidate:		Date:	
Evaluator:		Start Time:	End Time:
Actions		Points Possible	Points Awarded
Take BSI precautions		1	
Assess the patient's ability to use the nebulizer		1	
Consult with Medical Command		1	
Explain the procedure to the patient		1	
Confirm patient has no allergies to the medication		1	
Check the 5 rights of drug administration			
Right patient		1	
Right drug		1	
Right dose		1	
Right route		1	
Right time		1	
Prepare medication and nebulizer			
Unscrew lid of nebulizer chamber		1	
Add medication as directed		1	
Reattach lid		1	
Fasten the T-tube to the nebulizer chamber		1	
Connect the mouth piece to the T-tube and flex tube to the other end		1	
Attach oxygen to the nebulizer			
Confirm 8 -10 liters per minute oxygen flow		1	
Confirm mist coming out of flex tube and mouth piece		1	
Confirm patient is sitting upright (as much as possible)		1	
Administer medication to the patient			
Instruct patient to hold nebulizer in their hand		1	
Place firmly in mouth, with lips sealed around mouthpiece		1	
Instruct patient to breathe deeply and slowly		1	
Confirm all medication tapped down from sides of the chamber		1	
Continue treatment until all medication is gone		1	
Monitor patient's condition and vital signs after administration		1	
Document the procedure		1	
Total		25	

<input checked="" type="checkbox"/>	Critical Criteria
	Failure to take, or verbalize, BSI precautions
	Failure to consult with Medical Command
	Missed more than 2 of the 5 Rights of medication administration
	Failure to deliver all medication
	Failure to monitor patient's condition and vital signs



Epinephrine Auto-Injector Administration

Candidate:

Date:

Evaluator:

Start Time:

End Time:

Actions	Points Possible	Points Awarded
Take BSI precautions	1	
Consult with Medical Command	1	
Explains the procedure to the patient	1	
Confirm patient has no allergies to the medication	1	
Check the 5 rights of drug administration		
Right patient	1	
Right drug	1	
Right dose	1	
Right route	1	
Right time	1	
Remove the cap from the auto-injector	1	
Expose the thigh area (verbalize)	1	
Place auto-injector on lateral thigh, midway between knee and thigh	1	
Explain to patient that they will feel a stick from the needle	1	
In a smooth, firm, fashion push the injector until the click is heard	1	
Hold the auto-injector against the thigh for 10 seconds	1	
Dispose of auto-injector in sharps container	1	
Monitor patient's condition and vital signs after administration	1	
Document the procedure	1	
Total	18	



Critical Criteria

Failure to take, or verbalize, BSI precautions

Failure to consult with Medical Command

Missed more than 2 of the 5 rights of medication administration

Failure to monitor patient's condition and vital signs



Cardiac Arrest Management

Candidate:	Date:
Evaluator:	Start Time:
	End Time:

Actions	Points Possible	Points Awarded
Assessment		
Takes or verbalizes body substance isolation precautions	1	
Briefly questions the bystanders about arrest events	1	
Performs two (2) minutes of high quality CPR	2	
Turns CPR over to another rescuer	1	
Turns on AED power	1	
Attaches AED to the patient	1	
Initiates analysis of the rhythm	1	
Directs rescuer to stop CPR and ensures all individuals are clear of the patient	1	
Delivers shock	1	
Directs resumption of CPR	1	
Integration		
Verbalizes or directs insertion of a simple airway adjunct (oral/nasal)	1	
Ventilates or directs ventilation of the patient	1	
Assures high concentration of oxygen is delivered to the patient	1	
Assures adequate CPR continues without unnecessary/prolonged interruption	1	
Directs rescuer to continue CPR for two (2) minutes	1	
Initiates analysis of the rhythm	1	
Directs rescuer to stop CPR and ensures all individuals are clear of the patient	1	
Delivers shock	1	
Directs resumption of CPR	1	
Transportation		
Verbalizes transportation of the patient	1	
Total	21	

☒ **Critical Criteria**

- | |
|--|
| Did not take or verbalize body substance isolation precautions |
| Did not complete two (2) minutes of CPR prior to using the AED |
| Did not immediately initiate CPR at appropriate times |
| Did not assure all individuals were clear of patient before delivering a shock |
| Did not operate the AED properly or safely (inability to deliver shock) |
| Prevented the defibrillator from delivering any shock |
| Interrupted CPR unnecessarily. |



Bleeding Control/Shock Management

Candidate:

Date:

Evaluator:

Start Time:

End Time:

Actions	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies immediate direct pressure to the wound	1	
Assess effectiveness of intervention	1	
Note: The examiner advises the candidate that the wound continues to bleed		
Applies pressure dressing to the wound	1	
Assess effectiveness of intervention	1	
Note: The examiner advises the candidate that the wound continues to bleed		
Applies tourniquet	1	
Assess effectiveness of intervention	1	
Documents time of tourniquet application	1	
Note: The examiner advises the candidate that the patient is now pale and diaphoretic with a rapid, weak pulse		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Total	12	



Critical Criteria

Did not take or verbalize body substance isolation precautions

Did not use correct procedures to control bleeding in a timely manner

Did not apply high concentration oxygen

Did not indicate a need for immediate transportation



Airway Management

Candidate:		Date:	
Evaluator:		Start Time:	End Time:
Actions		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
Opens the airway manually		1	
Connects one-way valve to mask		1	
Establishes and maintains a proper mask to face seal		1	
Ventilates the patient at the proper volume and rate		1	
Connects the mask to high concentration or oxygen		1	
Switch to bag/valve mask			
Ventilate patient at a rate of 10-20 per minute with appropriate volumes via bag/valve mask		1	
Directs assistant to assume ventilation and pre-oxygenate patient		1	
Student may use either Combitube® or King® Airway			
Combitube	King Airway		
Checks/prepares Combitube	Checks/prepares King Airway	1	
Lubricates distal tip of the device	Lubricates distal tip and posterior aspect of the tube	1	
Positions head properly	Positions head properly	1	
Performs a tongue-jaw lift	Performs chin-lift unless contraindicated	1	
Inserts device in mid-line to depth so printed ring is at level of teeth	Rotate 45 to 90 degrees so blue line is touching the corner of mouth	1	
Inflates pharyngeal cuff with proper volume and removes syringe	As tube passes tongue rotate tube back to midline	1	
Inflates distal cuff with proper volume and removes syringe	Advance airway until base of connector aligns with teeth and gums	1	
Attaches BVM to the first (esophageal lumen) and ventilates	Inflate cuff using appropriate air volume	1	
Examiner states, "You do not see rise and fall of the chest and you only hear sounds over the epigastrium."			
Attaches BVM to the second (endotracheal placement) lumen and ventilates		1	
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung		1	
Note: The examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal bilateral breath sounds.			
Attaches CO ₂ detector, confirms appropriate reading or color change		1	
Confirms that device remains properly secured		1	
Total		19/21	



West Virginia Department of Health and Human Resources
Office of Emergency Medical Services



<input checked="" type="checkbox"/>	Critical Criteria
	Failure to initiate ventilations within 30 seconds after taking BSI precautions or interrupts ventilations for greater than 30 seconds at any time.
	Failure to take or verbalize BSI precautions.
	Failure to voice and ultimately provide high oxygen concentrations.
	Failure to ventilate patient at a rate of at least 10/minute.
	Failure to provide adequate volume per breath (maximum 2 errors/minute permissible).
	Failure to preoxygenate patient prior to insertion of the device.
	Failure to insert the device to the proper depth or at proper place within 3 attempts.
	Failure to inflate cuff(s) properly.
	Failure to remove the syringe immediately after inflation of cuff(s).
	Failure to confirm that the proper lumen of the device is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung.
	Inserts adjunct in a manner dangerous to the patient.

Skill Sheets for skills still taught in class

but no longer tested individually at practical exam



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
Actual Time Ended: _____	TOTAL	11

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate body substance isolation precautions
- ____ Failure to assemble the oxygen tank and regulator without leaks
- ____ Failure to prefill the reservoir bag
- ____ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ____ Failure to assure a tight mask seal to patient's face
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

BVM VENTILATION OF AN APNEIC PATIENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Actual Time Started: _____		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions		1	
Checks responsiveness	NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate, "The patient is unresponsive and apneic."	1	
Checks breathing		1	
Requests additional EMS assistance		1	
Checks pulse for at least 5 but no more than 10 seconds		1	
NOTE: The examiner must now inform the candidate, "You palpate a weak carotid pulse at a rate of 60."			
Opens airway properly		1	
NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."			
Prepares rigid suction catheter		1	
Turns on power to suction device or retrieves manual suction device		1	
Inserts rigid suction catheter without applying suction		1	
Suctions the mouth and oropharynx		1	
NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."			
Opens the airway manually		1	
Inserts oropharyngeal airway		1	
NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."			
Ventilates the patient immediately using a BVM device unattached to oxygen [Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]		1	
NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.			
Re-checks pulse for at least 5 but no more than 10 seconds		1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]		1	
Ventilates the patient adequately -Proper volume to make chest rise (1 point) -Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point)		2	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"			
Actual Time Ended: _____		TOTAL	17

CRITICAL CRITERIA

- _____ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- _____ Failure to take or verbalize appropriate body substance isolation precautions
- _____ Failure to suction airway **before** ventilating the patient
- _____ Suctions the patient for an excessive and prolonged time
- _____ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
- _____ Failure to check pulse for at least 5 seconds but no more than 10 seconds
- _____ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- _____ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- _____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- _____ Insertion or use of any adjunct in a manner dangerous to the patient
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

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Emergency Medical Technician Psychomotor Examination

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	9

Critical Criteria

- _____ Did not immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Did not immobilize the bone above and below the injury site
- _____ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

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LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	10

Critical Criteria

- _____ Did not immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Did not immobilize the joint above and the joint below the injury site
- _____ Did not immobilize the hand or foot in a position of function
- _____ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

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National Registry of Emergency Medical Technicians®
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SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	12

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual stabilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- _____ Released or ordered release of manual stabilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device **before** device sufficiently secured to the torso
- _____ Device moves excessively up, down, left or right on the patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



National Registry of Emergency Medical Technicians®
Emergency Medical Technician Psychomotor Examination

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	14	
TOTAL		

CRITICAL CRITERIA

- ___ Did not immediately direct or take manual stabilization of the head
- ___ Did not properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved the patient excessively causing potential for spinal compromise
- ___ Head immobilized to the device **before** device sufficiently secured to the torso
- ___ Patient moves excessively up, down, left or right on the device
- ___ Head immobilization allows for excessive movement
- ___ Upon completion of immobilization, head is not in a neutral, in-line position
- ___ Did not reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

IMMOBILIZATION SKILLS TRACTION SPLINTING

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the injured leg	1	
Directs the application of manual traction	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Prepares/adjusts splint to the proper length	1	
Positions the splint next to the injured leg	1	
Applies the proximal securing device (e.g., ischial strap)	1	
Applies the distal securing device (e.g., ankle hitch)	1	
Applies mechanical traction	1	
Positions/secures the support straps	1	
Re-evaluates the proximal/distal securing devices	1	
Reassesses motor, sensory and circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
NOTE: The examiner must ask the candidate how he/she would prepare the patient for transportation		
Verbalizes securing the torso to the long board to immobilize the hip	1	
Verbalizes securing the splint to the long board to prevent movement of the splint	1	
Total	14	

Critical Criteria

- _____ Loss of traction at any point after it was applied
- _____ Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting
- _____ The foot was excessively rotated or extended after splint was applied
- _____ Did not secure the ischial strap before taking traction
- _____ Final immobilization failed to support the femur or prevent rotation of the injured leg
- _____ Secured the leg to the splint before applying mechanical traction

NOTE: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one (1) point as if manual traction were applied.

NOTE: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

Emergency Medical Responder Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY ASSESSMENT		
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing	3	
-Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)		
Assesses circulation	3	
-Assesses/controls major bleeding (1 point) -Assesses skin (either skin color, temperature or condition) (1 Point) -Checks pulse (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness	8	
-Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying question of associated signs and symptoms related to OPQRST (2 points)		
Past medical history	5	
-Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)		
SECONDARY ASSESSMENT		
Assesses affected body part/system	5	
-Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social		
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions (verbalizes proper interventions/treatment)	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	TOTAL	40

CRITICAL CRITERIA

- _____ Failure to initiate or call for transport of the patient within 15 minute time limit
- _____ Failure to take or verbalize appropriate body substance isolation precautions
- _____ Failure to determine scene safety before approaching patient
- _____ Failure to voice and ultimately provide appropriate oxygen therapy
- _____ Failure to assess/provide adequate ventilation
- _____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- _____ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the Scene
- _____ Performs secondary examination before assessing and treating threats to airway, breathing, and circulation
- _____ Orders a dangerous or inappropriate intervention
- _____ Failure to provide accurate report to arriving EMS unit
- _____ Failure to manage the patient as a competent EMR

- ☐ Exhibits unacceptable affect with patient or other personnel
- ☐ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items.

Emergency Medical Responder Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____ NOTE: Areas denoted by ** may be integrated within sequences of Primary Survey/Resuscitation

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY ASSESSMENT		
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Airway -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)	2	
Breathing -Assess breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1 point) -Assess skin (either skin color, temperature or condition) (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management (positions patient properly, conserves body heat) (1 point)	4	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
HISTORY TAKING		
Attempts to obtain SAMPLE history	1	
SECONDARY ASSESSMENT		
Head -Inspects and palpates scalp and ears (1 point)** -Assesses eyes (1 point) -Inspects mouth**, nose**, and assesses facial area (1 point)	3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
Chest -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)	3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitals/perineum as needed (1 point)	3	
Lower extremities** -Inspects palpates and assesses motor, sensory, and distal circulatory functions (1 point/leg)	2	
Upper extremities -Inspects, palpates and assesses motor, sensory, and distal circulatory function (1 point/arm)	2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)	2	
VITAL SIGNS		
Obtains baseline vital signs (must include BP, P, and R) (1 point)	1	
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient	1	
Actual Time Ended: _____	TOTAL	42

CRITICAL CRITERIA

- ☐ Failure to initiate or call for transport of the patient within 10 minute time limit
- ☐ Failure to take or verbalize appropriate body substance isolation precautions
- ☐ Failure to determine scene safety before approaching patient
- ☐ Failure to assess for and provide spinal protection when indicated.
- ☐ Failure to voice and ultimately provide high concentration of oxygen
- ☐ Failure to assess/provide adequate ventilation
- ☐ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ☐ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the Scene
- ☐ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ☐ Failure to manage the patient as a competent EMR
- ☐ Exhibits unacceptable affect with patient or other personnel
- ☐ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items.

First Responder
Final Practical Skills Examination

OXYGEN ADMINISTRATION

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Assembles the regulator to the tank	1	
Opens the tank	1	
Checks for leaks	1	
Checks tank pressure	1	
Attaches non-rebreather mask to oxygen	1	
Prefills reservoir	1	
Adjusts liter flow to 12 liters per minute or greater	1	
Applies and adjusts the mask to the patient's face	1	
NOTE: The examiner must advise the candidate that the patient is not tolerating the non-rebreather mask. The medical director has ordered you to apply a nasal cannula to the patient.		
Attaches nasal cannula to oxygen	1	
Adjusts liter flow to six (6) liters per minute or less	1	
Applies nasal cannula to the patient	1	
NOTE: The examiner must advise the candidate to discontinue oxygen therapy.		
Removes the nasal cannula from the patient	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
Total	15	

Critical Criteria

- _____ Did not take, or verbalize body substance isolation precautions
- _____ Did not assemble the tank and regulator without leaks
- _____ Did not prefill the reservoir bag
- _____ Did not adjust the device to the correct flow for the non-rebreather mask
(12 liters per minute or greater)
- _____ Did not adjust the device to the correct liter flow for the nasal cannula
(6 liters per minute or less)

Cardiac Arrest Management/AED with Bystander CPR in Progress

Candidate's Name _____

Evaluator's Name; _____

Date: _____

	Points Possible	Points Awarded
ASSESSMENT		
Takes, or verbalizes, body substance isolation precautions	1	
Briefly questions the rescuer about arrest events	1	
Performs or verbalizes 5 cycles (2 minutes) of high quality CPR	1	
Turns on AED power	1	
Attaches AED to the patient	1	
Initiates analysis of the rhythm	1	
Directs rescuer to stop CPR and ensures all individuals are clear of the patient	1	
Delivers shock	1	
Directs resumption of CPR	1	
INTEGRATION		
Verbalizes or directs insertion of a simple airway adjunct (oral/nasal airway)	1	
Ventilates, or directs ventilation of the patient	1	
Assures high concentration of oxygen is delivered to the patient	1	
Assures adequate CPR continues without unnecessary/prolonged interruption	1	
Continues CPR for 5 cycles (2 minutes)	1	
Initiates analysis of the rhythm	1	
Directs rescuer to stop CPR and ensures all individuals are clear of the patient	1	
Delivers shock	1	
Directs resumption of CPR	1	
TRANSPORTATION		
Verbalizes transportation of patient	1	
Total	19	

Critical Criteria

- _____ Did not take, or verbalize, body substance isolation precautions
- _____ Did not evaluate the need for immediate use of the AED
- _____ Did not immediately direct initiation/resumption of CPR at appropriate times
- _____ Did not assure all individuals were clear of patient before delivering a shock
- _____ Did not operate the AED properly (inability to deliver shock)
- _____ Prevented the defibrillator from delivering any shock
- _____ Interrupted CPR for more than 10 seconds (except when defibrillating)

First Responder
Final Practical Skills Examination

BLEEDING CONTROL/SHOCK MANAGEMENT

Start Time: _____

Stop Time: _____ Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Applies an additional dressing to the wound	1	
NOTE: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.		
Locates and applies pressure to appropriate arterial pressure point	1	
NOTE: The examiner must now inform the candidate that the bleeding is controlled		
Bandages the wound	1	
NOTE: The examiner must now inform the candidate the patient is now showing signs and symptoms indicative of hypoperfusion		
Properly positions the patient	1	
Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Total	10	

Critical Criteria:

- ☐ Did not take or verbalize body substance isolation precautions
- ☐ Did not apply high concentration of oxygen
- ☐ Applied a tourniquet before attempting other methods of bleeding control
- ☐ Did not control hemorrhage in a timely manner
- ☐ Did not indicate a need for immediate transportation

Skill Sheets for skills still taught in class
but no longer tested individually at practical exam.

First Responder
Final Practical Skills Examination

**IMMOBILIZATION SKILLS
JOINT INJURY**

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the shoulder injury	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injured joint	1	
Immobilizes the bone below the injured joint	1	
Reassesses motor, sensory and circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Total	8	

Critical Criteria

_____ Did not support the joint so that the joint did not bear distal weight

_____ Did not immobilize the bone above and below the injured site

_____ Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting

First Responder
Final Practical Skills Examination

**IMMOBILIZATION SKILLS
LONG BONE INJURY**

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses motor, sensory and circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Total	10	

Critical Criteria

_____ Grossly moves the injured extremity

_____ Did not immobilize the joint above and the joint below the injury site

_____ Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting

First Responder
Final Practical Skills Examination

**IMMOBILIZATION SKILLS
TRACTION SPLINTING**

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the injured leg	1	
Directs the application of manual traction	1	
Assesses motor, sensory and circulatory function in the injured extremity	1	
<i>NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i>		
Prepares/adjusts splint to the proper length	1	
Positions the splint next to the injured leg	1	
Applies the proximal securing device (e.g. ischial strap)	1	
Applies the distal securing device (e.g., ankle hitch)	1	
Applies mechanical traction	1	
Positions/secures the support straps	1	
Re-evaluates the proximal/distal securing devices	1	
Reassesses motor, sensory and circulatory function in the injured extremity	1	
<i>NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"</i>		
<i>NOTE: The examiner must ask the candidate how he/she would prepare the patient for transportation</i>		
Verbalizes securing the torso to the long board to immobilize the hip	1	
Verbalizes securing the splint to the long board to prevent movement of the splint	1	
Total	14	

Critical Criteria

- _____ Loss of traction at any point after it was applied
- _____ Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting
- _____ The foot was excessively rotated or extended after splint was applied
- _____ Did not secure the ischial strap before taking traction
- _____ Final immobilization failed to support the femur or prevent rotation of the injured leg
- _____ Secured the leg to the splint before applying mechanical traction

NOTE: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one (1) point as if manual traction were applied.

NOTE: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

First Responder
Final Practical Skills Examination

**SPINAL IMMOBILIZATION
SEATED PATIENT**

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long board	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Total	12	

Critical Criteria

- _____ Did not immediately direct, or take, manual immobilization of the head
- _____ Released, or ordered release of, manual immobilization before it was maintained mechanically
- _____ Patient manipulated, or moved excessively, causing potential spinal compromise
- _____ Device moved excessively up, down, left or right on the patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in the neutral position
- _____ Did not assess motor, sensory and circulatory function in each extremity after voicing immobilization to the long board
- _____ Immobilized head to the board before securing the torso

First Responder
Final Practical Skills Examination

**SPINAL IMMOBILIZATION
SUPINE PATIENT**

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the board as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Total	14	

Critical Criteria

- _____ Did not immediately direct, or take, manual immobilization of the head
- _____ Released, or ordered release of, manual immobilization before it was maintained mechanically
- _____ Patient manipulated, or moved excessively, causing potential spinal compromise
- _____ Patient moves excessively up, down, left or right on the patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in the neutral position
- _____ Did not assess motor, sensory and circulatory function in each extremity after immobilization to the device
- _____ Immobilized head to the board before securing the torso



National Registry of Emergency Medical Technicians®
Emergency Medical Responder Psychomotor Examination

BVM VENTILATION OF AN APNEIC PATIENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Checks responsiveness	NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate, "The patient is unresponsive and apneic."	1
Checks breathing		1
Requests additional EMS assistance		1
Checks pulse for at least 5 but no more than 10 seconds	1	
NOTE: The examiner must now inform the candidate, "You palpate a weak carotid pulse at a rate of 60."		
Opens airway properly	1	
NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."		
Ventilates the patient immediately using a BVM device unattached to oxygen [Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]	1	
NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.		
Re-checks pulse for at least 5 but no more than 10 seconds	1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]	1	
Ventilates the patient adequately -Proper volume to make chest rise (1 point) -Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point)	2	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Actual Time Ended: _____	TOTAL	17

CRITICAL CRITERIA

- ___ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to suction airway **before** ventilating the patient
- ___ Suctions the patient for an excessive and prolonged time
- ___ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds
- ___ Failure to check pulse for at least 5 seconds but no more than 10 seconds
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMR
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

MARK I AUTO-INJECTOR

For Chemical Nerve Agent Exposure

The Mark I kit consisting of one autoinjector of 2 mg Atropine Sulfate and one autoinjector of 600

mg Pralidoxime Chloride (2-PAM Chloride) may be administered by qualified emergency responders who have had adequate training on the on-site recognition and treatment of nerve agent exposure.

Some classic symptoms of nerve agent exposure include:

- unexplained runny nose
- tightness in chest/difficulty breathing
- pinpoint pupils of the eye resulting in blurred vision
- drooling, excessive sweating
- nausea, vomiting and abdominal cramps
- involuntary urination and defecation
- jerking, twitching and staggering
- headache, drowsiness, coma convulsions
- stoppage of breathing

Administration of the Nerve Agent Antidote Auto-Injector Kit (Mark I) and General Guidelines

When a first responder arrives on a scene potentially contaminated with nerve agents, don protective mask and personal protective equipment.

Responders that are in the "HOT" zone may initiate immediate treatment. EMS Personnel shall be

limited to the "COLD" zone unless otherwise directed by the Incident Commander and or are properly trained and equipped to enter the "HOT" zone.

- If symptoms of nerve agent exposure occur, administer appropriate nerve agent antidotes.
- If nerve agent symptoms are still present after fifteen (15) minutes, repeat injections. • If symptoms still exist after an additional fifteen (15) minutes, repeat injections for a third time.
- If after the third set of injections, symptoms remain, do not give any more antidotes but seek advice from medical direction.

Patients responding favorably to administration of the nerve agent antidote auto-injector are to be closely monitored.

Chemical exposure patients shall be decontaminated PRIOR to initiating transport.

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Mark I Auto-Injector

The AtroPen®

The following are general guidelines on using the AtroPen® Auto-Injector. Each auto-injector has

user guidelines printed on the pen.

1. Remove Mark I kit from the protective pouch.
2. Hold unit by plastic clip.
3. Remove AtroPen from slot number 1 of the plastic clip. The yellow safety cap will remain in the clip and the AtroPen will now be armed. DO NOT hold unit by green tip. The needle ejects from the green tip.
4. Grasp the unit and position the green tip of the AtroPen on victim's outer thigh.
5. Hold in place for ten (10) seconds to ensure Atropine has been properly delivered.

Mark I Auto-Injector

The ComboPen®

The following are general guidelines on using the ComboPen® Auto-Injector. Each auto-injector has user guidelines printed on the pen.

1. Remove 2-PAM Chloride ComboPen® from slot number 2 of the plastic clip. The gray safety cap will remain in the clip and the ComboPen® will now be armed. DO NOT hold the unit by the black tip. The needle ejects from the black tip.
2. Grasp the unit and position the black tip of the ComboPen® on the victim's outer thigh.
3. Push firmly until auto-injector fires.
4. Hold in place for ten (10) seconds to ensure Pralidoxime Chloride has been properly delivered.

Practicing with Mark I Auto-Injector Trainers

1. Remove kit from protective pouch.
2. Hold Mark I trainer by plastic clip.
3. Remove AtroPen trainer from slot number 1 of the plastic clip. The yellow safety cap will remain in the clip.
4. Grasp the trainer and position the green tip of the AtroPen trainer on victim's outer thigh.
5. Push firmly until red prod ejects from unit.
6. Remove ComboPen trainer from slot number 2 of the plastic clip. The gray safety cap will remain in the clip.
7. Grasp the trainer and position the black tip of the ComboPen trainer on victim's outer thigh.
8. Push firmly until the white prod ejects from unit.
9. Reset Mark I Auto-Injector Trainers.

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Resetting the AtroPen® Trainer

1. Gently pull the green tip out about ¼ inch to expose the neck of the unit.
2. Clamp open end of recocking tool on the neck of the AtroPen trainer below the green tip.
3. Place red prod down on hard surface and apply pressure until you hear a click.
4. Remove recocking tool.
5. Slide AtroPen trainer back into the plastic clip slot number 1 and press end of the unit into the yellow safety cap.
6. The stand-alone AtroPen trainer does not slide into a plastic clip.

Resetting the ComboPen® Trainer

1. Place the black recocking cap over the safety end of the ComboPen Trainer.
2. Rotate the black recocking cap until the two internal projections are aligned with the matching holes in the safety end of the training device.
3. Firmly press the black recocking cap down as far as it will go.
4. While holding the black recocking cap down, push the white prod against a hard surface, forcing the prod back into the trainer.
5. A click will be heard when the device is recocked.
6. Remove the black recocking cap.
7. Slide the ComboPen Trainer back into the plastic clip slot number 2 and press end of unit into gray safety cap.

Note: The stand-alone ComboPen Trainer does not slide into a plastic clip.

AtroPen® and ComboPen® are registered trademarks of Meridian Medical technologies, Inc.
For

additional information, see their website @ www.meridianmeds.com or contact:

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